

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573138

FILING DATE

3-22-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14	1		1			
15						
16						
17	1					
18						
19	1					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1		1			
40						
41						
42						
43						
44						
45						
46						
47						
48	1		1			
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57	1					
58						
59						
60						
61						
62						
63						
64						
65	1		1			
66						
67						
68						
69						
70	1		1			
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82		24		24		
83		24		24		
84		9				
85		25				
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14	↓	12	↓		↓
TOTAL DEP.	149	←	111	←		←
TOTAL CLAIMS	163		123			